

**Abstract 345****TITLE:** The Context for Adherence**AUTHORS:** Campos, P; Rothenberg, R.; Johnson W.; Del Rio, C.  
(Emory University School of Medicine)**BACKGROUND/OBJECTIVES:** To assess the interplay of demographic, behavioral, psychological and social network variables on patients' ability to adhere to complex antiviral regimens, we have established a longterm follow up study of persons both on and off antiretroviral therapy and report here on the baseline information that characterizes our population.**METHODS:** We have enrolled 206 persons (75 MSM; 52 IDU; 79 Women) who are active patients at the Ponce Center, the major HIV/AIDS outpatient facility in Atlanta, GA. Initial evaluation includes baseline interview, a Brief Symptom Inventory (BSI), egocentric social network evaluation, evaluation of current drug regimen and adherence, and monitoring of clinical course (viral load, CD4+ count, clinical events). The design calls for 3 follow up interviews, six months apart.**RESULTS:** Our population is drawn from a minority inner city community [90% African American; 70% 30-45 years old; 27.3% (men) and 65.9% (women) with less than a high school education; fewer than 10% married; 71.8% (men) and 58.8% (women) on social security or disability] who are subject to substantial social dislocation. 10.9% of men are homeless (1.2% of women), and 42.7% of men and 27.1% of women have spent some time in jail during the past three years, with 14.6% (men) and 7.1% (women) currently on parole. There is a moderate level of recent risk-taking behaviors: 27.3% of men and 20.0% of women used crack or injected drugs during the past 6 months, though the reported frequency of needle sharing with current partners is low. Between 1.2% and 15.5% of men and women reported exchanging drugs or money for sex and fewer than one-half used condoms regularly. The BSI subscales and General Severity Index (GSI) for men and women in our population revealed considerable psychological distress. The scores were not significantly different from the norms obtained for psychiatric outpatients and inpatients and were 1.42 standard deviations above the means for non-psychiatric medical patients. Our clinic population scored highest on the Somatization (1.04) and Paranoid Ideation (1.22) subscales. Higher GSI distress was significantly related to incarceration within the past 6 months, being homeless within the past 6 months, and to less frequent use of condoms during anal sex.**CONCLUSIONS:** Adherence to an antiretroviral regimen may, in our population, be seriously affected by interaction with the legal system (during which availability of prescribed medicine may be interrupted), by homelessness, by continued participation in drug use, and by a high level of psychological distress. Prospective follow up of adherence to therapeutic regimens and clinical course as a function of these factors may provide insight into the efficacy of treatment, and the potential of current therapeutic approaches to influence HIV transmission.**PRESENTER CONTACT INFORMATION****Name:** Richard Rothenberg, MD**Address:** Emory University School of Medicine  
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